

U.S. EPA I.D. No. _____
User Federal I.D. No. _____
Facility Permit No. _____

**City of Zeeland
Baseline Monitoring Survey
(BMS)
Non-Domestic Users**

SECTION I. GENERAL INFORMATION

1. Business Name: _____
Address : _____

2. Authorized Contact Person:

Name	Title
Phone	Fax
3. Nature of Business: _____

4. What type of waste(s) do you discharge to the sanitary sewer:

A.	Sanitary	_____		
B.	Cafeteria	_____	Seating capacity	_____
C.	Restaurant	_____	Seating capacity	_____
D.	Photo Lab	_____		
E.	Medical	_____	X-ray development	_____
F.	Floor Drains	_____		
G.	Contact cooling water	_____		
H.	Non contact cooling water	_____		
I.	Dental	_____	X-ray development	_____
J.	Onsite pretreatment	_____	Type	_____
K.	Cleaners	_____	Number of Presses	_____
L.	Herbicides/Pesticides	_____		
M.	Others, describe:	_____		
5. Number of square feet the business occupies. _____
6. Do you use, store or discharge any acids or bases or priority pollutants as established by the U.S. EPA, or materials listed in the Michigan Critical Materials Registry (see attached Critical Materials list)? Yes _____ No _____

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7. Schedule of Operation

A. Number of employees: Full time _____ Part time _____
B. Hours/Day _____ Shifts/Day _____
Days/Week _____ Weeks/Year _____

SECTION II. WATER USAGE

1. Source of water supply:

A. Municipal Quantity (flows) _____ gallons per day
B. Private Well Quantity (flows) _____ gallons per day

2. Facility water usage:

A. Other than restrooms describe how the water is used (cooking, washing, processing, ect.)

3. Treatment:

A. Describe any type of treatment before discharge of wastewater (metal reclaimer, grease trap, oil reclaimer, ect.). _____

SECTION III. CHEMICALS, GREASES, SLUDGES, AND RESIDUES

1. A. Report all pollutants or materials contained in the Michigan Critical Materials Register and U. S EPA Priority Pollutant Listings that are used, manufactured or stored that may be present in the discharge from your facility. _____

2. A. Are sludge, greases or critical materials produced and collected as a result of treatment?
Yes _____ No _____

B. Is the collected material considered hazardous? Yes _____ No _____

C. Does your facility dispose of the collected material itself? Yes _____ No _____
Type of disposal: _____

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- D. List the name(s) and address(es) of all commercial waste hauler(s) who transport your facilities waste: _____

SECTION IV. CERTIFICATION STATEMENT AND SIGNATURE

1. Is any of the enclosed information considered to be confidential? Yes _____ No _____
If yes, explain what and why (all requests for confidentiality will be processed according to 40 CFR 2.302 and 40 CFR 403.14). _____

2. Authorized Representative Statement:

I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowledge of a violation.

Name(print)

Signature

Title

Date